

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|--|--|--|--|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | | <p>A. Received by (Please Print Clearly) MARK B. Date of Delivery 10/15/03</p> <p>C. Signature [Signature] <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below: UL 17 2003</p> | |
| <p>1. Article Addressed to:</p> <p>Hanna, Campbell & Powell Attn: David Moss 3737 Embassy Parkway P.O. Box 5521 Akron, OH 44334 (re: Temperature Controls)</p> | | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> | |
| <p>2. Article Number (Transfer from service label) 7001 0320 0006 0294 1687</p> | | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> | |
| PS Form 3811, March 2001 | | Domestic Return Receipt | |
| | | 102595-01-M-1424 | |



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage **0.98**
Certified Fee **2.30**
Return Receipt Fee (Endorsement Required) **1.75**
Restricted Delivery Fee (Endorsement Required) **6.03**
Total Postage & Fees **11.06**

Sent To **Hanna, Campbell & Powell**
Attn: David Moss
3737 Embassy Parkway
P.O. Box 5521
Akron, OH 44334
(re: Temperature Controls)

Street, Apt. No. or PO Box No.
City, State, Zip

PS Form 3800

Postmark Here
CHICAGO IL 10/15/03

D. Sheppard
SR-GJ(CRS)